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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/575,118	
	Filing Date	May 23, 2000	
	First Named Inventor	Paul Lapstun	
	Group Art Unit	2675	
	Examiner Name	Leland R Jorgensen	
Total Number of Pages in This Submission		Attorney Docket Number	NPA012US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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Facsimile: 61-2-9818-6711

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AUG 29 2002

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kia Silverbrook c/- Silverbrook Research Pty. Ltd. 393 Darling Street, Balmain NSW 2041, Australia
Signature	<i>ks</i>
Date	August 23, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
09/575118	05/23/00		



EXAMINER	
L. Jorgensen	
ART UNIT	PAPER NUMBER
2675	8
DATE MAILED:	

INFORMALITY RE PAYMENT OF FEE

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The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 07-25-02 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☒ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.

A balance of \$ _____ is due for additional claims.

5. ☒ Patent Application Fee Determination Form Attached.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$ 352.00.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration..

08/27/2002 TBESHAK1 00000032 09575110

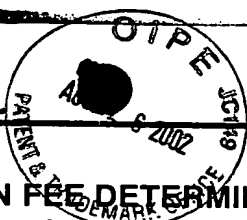
01 FC:203
02 FC:202

216.00 CP
126.00 CP

PTOL-319 (REV. 3-82)

Laticia Tyson
CLERK OF GROUP

USCOMM-DC 82-3838-P82

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number

09/575118

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20=	* 13
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

07-25-02 (Column 1)

(Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 57	Minus	** 33	= 24
	Independent	* 6	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	117
X42=	0
+140=	0
TOTAL	462

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	216
X42=	126.00
+140=	
TOTAL ADDIT. FEE	342.00

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	